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## ORIGINAL COMMUNICATIONS.

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### GENERAL CONSIDERATIONS REGARDING NASO-PHARYNGEAL CATARRH.

BY F. CORNWALL, M. D.

Professor of Ophthalmology, Otology, and Diseases of the Nose and Throat in California Medical College.

THE general, one might almost say alarming prevalence of this affection in America, of late years, is a subject of great importance to the physician. Naso-pharyngeal catarrh, on account of its obstinacy, and the little relief afforded by remedial agents, has been classed by many, both professional and nonprofessional, among the incurables; in consequence of which charlatans and itinerant doctors have been most frequently employed by those seeking relief. The odium connected with the name of "catarrh doctor" prevented honest and scientific physicians from devoting the attention to this subject that its importance demanded. However, of late years, it has received its share of attention; its etiology has been rationally conjectured and a practical treatment instituted. Etiological investigations have developed many seeming contradictions, as when a cause was identified which would account for an individual case, another which was pathologically similar, would have a very different cause. These perplexities have been unravelled, to an extent, by being able to recognize a multiplicity of

causes, any one or number of which may have been active in the production of a given case.

The prevalence of this affection in certain localities has been of considerable assistance in determining the causation. As an instance, America is recognized as the home of catarrh, and the question arises, What are the climatic surroundings of a citizen of this country which would predispose him to this characteristic disease? It cannot be said that it is a constitutional delicacy peculiar to native Americans, as those who emigrate are soon afflicted as well. Neither can it be imputed wholly to civilization, as the outdoor inhabitant of Colorado is as likely to have catarrh as the denizen of the city. Also, it is a fact that catarrh of the nose and throat is not prevalent in Europe, and certainly its civilization, and whatever it would have to do with constitutional delicacies, is as great as ours. So it will not do to impute it to this influence.

Dr. Morrill Mackenzie, of London, has given the most plausible answer to the question, "Why do Americans have catarrh?" He imputed it to the dryness and dustiness of our atmosphere.

From the newness of the country and its unfinished roadways either in city or country, dust is more or less constantly in the atmosphere, and this coming in contact with the delicate mucous membrane covering the turbinated bones and pharynx, keeps a constant determination of blood to this part, and an increased secretion. This eventually produces organic change. Once that the chronic inflammatory state is established, a dyscrasia has much to do with its perpetuity, but possessing the very best of health, and from inheritance having an organism free from depressing constitutional disease, does not furnish immunity from naso-pharyngeal catarrh. Such persons are not subject to irritations or congestions of other parts of the respiratory tract, and why of this, if not from a local irritant? It is universally conceded that the plains of Colorado and New Mexico excel for their healthfulness, and yet naso-pharyngeal catarrh is very prevalent in these localities. Added to the sand and particles of soil present in the atmosphere in other localities, we have here the alkali, which irritates and almost excoriates the integument, and of course the mucous membrane suffers proportionately.

The new and rapidly developing city, so common in the

West, is equally as dusty as the country; and in this instance we have, in addition to the soil, the debris of the streets.

The second element conduced to the production of catarrh in America is the extreme vicissitudes of temperature. These extreme diurnal changes alternately relax and congest or stimulate the mucous membrane, and produce frequent colds by retrocession of the capillary circulation from remote parts.

On the Pacific Coast of the United States, the North winds, which occur mostly during very dry weather, are very pernicious in their influence and are productive of severe disturbances of the nervous system. The mucous membrane of the naso-pharynx and bronchi becomes congested and irritable, and those who have pre-existing catarrh have their affections greatly aggravated. On this account, in San Francisco, and other cities of the coast, catarrh is very prevalent and difficult to cure.

Having passed over the general causes of the prevalence of catarrh in America, particular causes will now be considered. Individuals who live in offices or in stores in very cold weather, suffer from cold feet and a corresponding heat in the head. This condition is produced from two causes: (1) the mental labor to the exclusion of physical, and (2) the unequal temperature of apartments. A room heated with a stove in cold weather will often have a difference of temperature of forty degrees between where the feet are and the head, thus favoring congestions about the head.

The manner in which clothing is worn has much to do with the production of catarrh. Parts of the body are covered to surfeiting, while others, which nature designed to be equally protected, are left bare. Nature designed the hair and the beard of the male for a protection to the throat and neck. The female packs her hair on the top of her head, while the male clips his close and shaves off his beard, thus leaving bare the neck and throat, which inclose the delicate organs of hearing and voice. Gentlemen wear their over-coats while walking on the streets in the warmth of the midday sun, and when they reach their rooms in a glow of perspiration, they remove them and sit down to cool off where the temperature, in many cases, is below what it was in the street. The lady wears her sacque on the street, at church, or the theater, hot or cold, and is equally as indiscreet at home by its removal. The feet and ankles are clad

in the most delicate kids, while her shoulders and hips are packed with innumerable warm things. It is no wonder that such people take cold and have catarrh!

The strumous diathesis is a frequent cause of persistent nasal catarrh, and in this case organic changes are likely to have taken place. Affections of the lungs or stomach may excite or co-operate with this disease, and do much to render it intractable to treatment.

In the treatment of naso-pharyngeal catarrh, the causes and complications are to be taken into account. To rely on local agencies alone would result in failure in very many cases. There is no universal treatment, either local or constitutional. It may consist of a change of occupation or locality, or the better arrangement of the clothing. Alternatives or tonics may be indicated, or a course of calisthenics.

#### PHENIC ACID IN THE TREATMENT OF ZY- MOTIC FEVERS.

BY J. G. PIERCE, M. D., SANTA ROSA, CAL.

LIKE many other remedies that possess decided and valuable therapeutic properties, carbolic acid when first introduced, a few years ago, had claims set up for it so extravagant as to excite doubt in the minds of the most credulous. Yet so decided and unmistakable were its influences in certain zymotic forms of disease, that many judicious medical men began to believe that the long-sought-for antiseptic that would destroy all animal and vegetable parasitic life, and arrest all processes of fermentation, had at last been found. That the claims of its most enthusiastic supporters were not fully realized, is not a matter of wonder when we consider morbid processes as they are seen to vary from a given standard in a collection of cases arising from the same cause. Not that the proposition that "like causes will produce like effects" may not safely pass as a truism, but that physiological phenomena working under the influence of a toxic agent, may be so modified by some other known or unknown influence as to preclude the action of an agent given to counteract the exciting cause. I may be able to illustrate this farther on.

That carbolic acid will arrest fermentative processes is forcibly illustrated in the experiments of Rosenbache on

dogs and rabbits by combining it with unhealthy pus and introducing it into the circulation. Thus combined it was found wholly innocuous, while pus not so treated produced all the virulence of septicemia. Also combined with vaccine virus it rendered it inert. Its effectiveness when brought into direct contact may be considered as not successfully refuted by the experiments of Koch, who has recently demonstrated the fact that it will not destroy bacteria, mycrophytes, etc., for it has become almost a conclusive fact that microscopic life will only abound where there is a condition precedent, and that condition is a devitalizing process of the tissues of the body resulting in putrescence. To arrest and prevent putrefaction and strengthen the tissues should then be the object of our treatment. And in carbolic acid supported by clinical evidence by its action on the living body, we have an agent that, if properly brought in contact with diseased tissue, gives no uncertain sound. But the problem as to how it may safely and effectively be done when the virus is coursing the circulation, or locked up in the tissues of the body, is one to be solved by time and judicious experimentation. Much has been done already in that direction.

In the winter of 1870 in eastern Kansas, while visiting patients in the country, I was met by a man who wished me to hastily visit his child whom he thought near death. Upon arriving at his house I found his fears in a fair way to be verified. His child, a little girl four years of age, had scarlatina anginosa. The tonsils were enormously swollen and covered with ulcerative patches which reached back and covered the pharynx as far as the eye could reach. Purulent discharges from throat and nose were abundant and smelled fearfully. Breathing was difficult and the skin presented a dark appearance from insufficient oxidation of the blood. The eyes were also discharging the same purulent material. Being ten miles from home and my supply of remedies usually thought appropriate having been exhausted through the day with other cases, I made a solution of carbolic acid, drops ten to the ounce of water, and gave a teaspoonful every hour, and with a soft linen the nose was washed with the same. A milder solution, five drops to eight ounces of water, was used for washing the eyes. For the fever I ordered free and frequent sponge baths, and left the patient with but little hope of finding her alive on the morrow. But I did, and not only that, it was so much

improved that I felt it had passed from danger. Purulent discharge had ceased, the ulcerous patches were clearing off, the bad smell had disappeared, but slight fever remaining. The parents told me there was marked improvement from the first dose given. I ordered it continued every four hours with quinine inunction and discharged my patient. Three other children of the same family were soon down, two of them starting off very much as the first, with burning fever and great swelling of the tonsils. The parents were so well pleased with the medicine given in the first case that they had commenced giving it before they sent for me, and wishing to test its value farther, I ordered it continued accompanied only by frequent sponge baths. The two whose symptoms were of the anginose form passed safely through the regular course of the disease without any alarming symptoms. No purulent matter or unpleasant smell appeared in either case. The third one, who presented but slight throat symptoms, seemed to be but little benefited by the acid treatment. The secretions were blocked up and the poison seemed to seek no outward expression more than a florid and puffy condition of the skin. The throat and mouth were very dry, with not an unusual amount of fever, but great depression of muscular energy. Other remedies were resorted to, and he made a final recovery, but with some unpleasant sequels. Failure to benefit in this case I attributed at the time to inaction of the absorbents and not taking up sufficient to enter the circulation. I have seen but few cases since of the severer forms of scarlatina. But in all cases where there was free discharge of mucus or muco-purulent material, with or without much swelling, and the secretions moderately active, I have invariably observed marked benefit from the administration of carbolic acid. But why it is that in some cases improvement may be noted from the first few doses, and in others no favorable impression is made, I am unable to explain, unless it is in the first class that there is a septic condition evolved from the inflammatory process, representing the materies morbi, thus thrown out upon the mucous surface and there expending its virulence, but rendering it more accessible to antiseptic agents; and in the second class that the absorbent system will not respond and carry it to where most needed. For further thought in this direction the following extract may give us a hint:—

"Dr. Lacaille has recently (*La Independencia Medical*, Jan. 22, 1882), called attention to the favorable results which he has obtained in twelve cases of yellow fever from the use of carbolic acid administered internally and hypodermically. He was led to try this remedy inductively, believing that yellow fever is essentially a zymotic disease. In one case which he records, the dreaded and generally fatal symptom of black vomit had already appeared. He injected subcutaneously 100 minims of a 5 per cent. solution, and administered a julep composed of carbolic acid and carbolate of ammonia, supplemented by enemata of sulpho-carbolate, at intervals of two hours. This treatment is generally successful within three days, but may be continued to the seventh."—*London Medical Record*, May 15, 1882.

It is not mentioned that Dr. Lacaille made any distinction as to the condition of his patients, favorable or otherwise, for receiving it into the circulation, but his manner of administration by hypodermic injection, and the ammonia compound would perforce enable it to permeate all parts of the organism. With the well-known properties of sulpho-carbolate for dispelling gaseous accumulations from intestinal viscera, and an effective mode of systemic administration, it should give hope for conquering even that grave malady, yellow fever. It possesses anæsthetic properties in no mean degree. To assure ourselves of that it is only necessary to remember that the hand of the surgeon under the Listerian spray for one-half hour becomes blanched and almost insensible to touch. This property, in zymotic fevers of the asthenic order cannot fail, by reducing excitability, to prove beneficial, and with its combination with ammonia or other stimulants may render valuable service in asthenic forms through its more familiar antiseptic properties in fermentative processes.

Dr. Bamont, in *Generales de Medicina*, reports a mortality of 4.9 per cent. in the treatment of typhoid fever with phenic acid, administering three grams a day, sometimes four "in cases that might be exceptionally rebellious," the extra gram to be given by injection. "Under our instructions the maximum never in any case exceeds four grams a day on account of the one given by injection. The dose of three grams we have always found sufficient to conquer in all cases, even the most grave." He censures

Desplantes for his excessive administration of fourteen grams a day and a result in mortality of 19.4 per cent., and Claudot "less for the intemperance of his dosing, as he never exceeds six grams a day, with result of 11.6 per cent., than for the tardiness with which he commences the treatment. He does not commence to use the acid until the eleventh or twelfth day. This is entirely too late in our opinion. There is no call to give the typhoid infection time to develop and perfect itself. There is every reason to give phenic acid injections as soon as the first symptoms of typhoid fever appear." He farther gives warning of pulmonary congestion, and phenic cachexia resulting from long continued heavy dosing. I am of the opinion that even the amount Ramont recommends, from forty-five to sixty grains a day, is rather heavy dosing when continued day after day, from two to four weeks. And if its specific action can be produced with a less amount, it would certainly be desirable to avoid such an accident. He claims to prevent this by tonic and supporting treatment. The supporting treatment should not be neglected in any case, and I have good reason to believe that its specific influence may be reached far short of a profound systemic impression. This may be as well done as to produce the specific influence of quinine without cinchonism, or the bromides without bromism, or belladonna without its characteristic eruption. I do not wish it to be thought that while treating upon this agent abstractly, and advocating its effectiveness in diseases thought to be of zymotic origin, that I believe it to be the only remedy necessary. But my experience with it has led me to believe that it should enter as an important factor wherever we are likely to meet with septic conditions.

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### INDIGESTION.

BY M. H. WHITNEY, M. D., CHENEY, W. T.

IN chronic disease we usually find this trouble to combat, and often it proves a foeman worthy of our steel, opposing body nutrition and obstinately refusing relief, while the hollow cheeks, pale face, and muscles so destitute of adipose, goad us to the verge of saying our prayers backwards. The unhealthy condition of the alimentary canal originates in so many ways, and is often so complicated with other disease, that to tell which was primary, and what was the

cause, requires understanding. Three common ways in which gastric disorders rise secondarily, are by the nervous system, through the blood, and by mechanical obstruction of the vessels. In cases of organic heart affections, congestion of the vessels supplying the stomach, naturally suggests itself as the cause of dyspepsia, and when the blood is retarded in its flow by a torpid liver, the effect is the same, because the supply of oxygen is limited, lessening the activity of the nutritive processes, thus diminishing the supply of gastric juice and the power of the organ. Inflammatory action is easily brought about at these times, unless care is taken of the quantity and quality of ingesta. A changed proportion of the blood constituents will produce congestion, and the presence of foreign material in the blood will cause noxious matter in the gastric supply, as is seen in overworked people where more tissue is torn down than the excretory organs can carry out; or in kidney disease, when urea or carbonate of ammonia is found in the gastric fluid, an inflammatory condition of the mucous membrane results, and the gastric secretion is not only lessened, but an abundance of unhealthy mucus is thrown from the inflamed surface, which sets up a fermentation in the stomach, recognized by its symptoms of distension and uneasiness, with offensive eructations, also griping and purging of the bowels from the undigested food passing through, while the products of fermentation may be absorbed in the blood, and the general health will suffer. Deficiency of gastric juice alone necessarily entails slow digestion, known by the sense of weight and uneasiness in the stomach, and after several hours, when the stomach is getting empty, pain is caused by the undigested food.

The most common way in which dyspepsia comes as a secondary disorder, is through the sympathetic nerve, purely functional at first, but continuing, it will pass into organic derangement; in many diseases we find the reflex influence exciting the functions of the stomach, but I have watched it more particularly in the different conditions of the uterus. All are familiar with the disorder when accompanying gestation and labor, and as commonly we find it in chronic inflammatory and ulcerative conditions. Sometimes it is difficult to determine where to commence treatment. One patient—oh, how thin she was—with a dreadful uterus, suffered continually with uneasiness at the pit of the stomach, tenderness on

pressure, and constipation alternating with diarrhœa; the tongue seemed to call for *rhus tox*, being pointed, with red tip and edges and thin white coat. I gave *rhus* till I was tired, besides *nux*, *podophyllin*, *cascara sagrada*, *lactopeptine*, mineral acids, etc., but that sharp point, with its strawberry papillæ and thin coating, still presented, though the symptoms were in a degree ameliorated. I then used *belladonna*, *gtts. xx, aqua ʒiv.*, a teaspoonful four times a day, and I was delighted to see the tongue come down to a nice little round end, the pain pass away, and digestion quite easily performed; the *belladonna* contracted the congested vessels which had resulted from the reflected irritation, and all went well.

In nervous people, a common gastric disorder is a fermentation which converts the saccharine principles of the food into lactic acid. Mrs. C. formerly suffering with endometritis and hypertrophy of the cervix, now quite relieved from that, still has frequent attacks of this type of dyspepsia. There is no flatulence, but much heart-burn and pain; the intestines suffer from the acid and irritating products of digestion, and gripping pain and purging are concomitant symptoms. She came for medicine for this trouble, and for urticaria, that was upon parts of the body; the tongue was clean, but very tremulous. These last being new symptoms I gave *Hosford's acid phosphates* to take before meals, and *aconite* *gtts. xv, rhus tox xx, glycerine ʒi, aqua ʒij*, as an application to the eruption, which relieved all the symptoms, excepting the still tremulous tongue, which will, of course, require nerve tonics. As a stomach tonic, I like the combination of iron, quinine, and strychnia; perhaps because of its general tonic properties, it strengthens the stomach, but its local action is felt very quickly.

The diet, as the principal part of the treatment, must by all means receive attention. Prof. A. J. Howe says, hard boiled eggs, rich cheese, and coffee, may be included in the menu, but eggs boiled hard require thirty minutes longer to digest than when soft boiled. I never have tried the cheese, but I usually use milk, clear or watered, instead of coffee for nervous dyspeptics.

To NEW subscribers we will mention the fact that we can supply back numbers of the present volume. As subscriptions are coming in rapidly, they will soon be exhausted.

## PROPOSED MEDICAL LEGISLATION IN NEW YORK.

THE following from Dr. Boskowitz explains itself :—

NEW YORK, February 3, 1884.

DEAR SIR: Are you aware there are two bills before the present Legislature, practically legislating the eclectics out of existence ? They are both called "An act to create a Medical Faculty of the State of New York, to regulate the licensing of practitioners of physic and surgery, and to further regulate the practice of physic and surgery." The senate bill is known as bill No. 46, introduced by Senator Campbell of New York City. The bills differ in various particulars, but either of them would make it absolutely impossible for an eclectic or a homeopath to obtain a license to practice medicine in this State after June 1, 1884. The bills have had a final hearing before the joint Senate and Assembly Committees on January 30th, ultimo, and are now being rapidly pushed to passage.

The Assembly Committee consists of Cartwright, of Delaware County; Palmer, of Wyoming; Owens, of Oneida; Becker, of Albany; Heath, of Kings; Smith, of New York; Hubbell, of Monroe; Mullaney, of New York; McCabe, of Queens; Hooley, of Renssalaer; and Roche, of New York; being the Committee on Public Health of that body. The Senate Committee consists of Messrs. Coggeshall, Robinson, Davidson, Jacobs, of Kings, and Campbell, of New York, the last named being the introducer of the bill. Will you not put yourself in communication with both your Senator and Assemblyman immediately, and do what you can to defeat and kill the bills. In fact, the alarm should be sounded throughout the State. You should telegraph for copies of both bills to your senator and assemblyman, so as to inform your friends of their contents. One bill has a clause giving the proposed Board the right to *rescind, suspend or annul* the charter of the eclectic college of New York City, and all other colleges in the State. The Board is to consist of six allopaths, two homeopaths, and one eclectic, making a Star Chamber of six to three, or eight to one.

I send you the following extract from the *New York Sun*, of January 29, 1884, which speaks for itself :—

"The County Medical Association, new code, adopted at its

regular meeting last night a resolution in support of the pending bill, to establish a State Medical Board of Examiners, which shall take from the medical colleges, and itself assume the power to determine the qualifications for a license to practice medicine. Chairman Sturgis, of the Legislative Committee of the association, said: 'No good medical college, where thorough instruction is given, need fear this bill. As it is now, we are on a level with the eclectic schools. The regents refuse to give them a charter, yet the colleges give diplomas, on which their students practice medicine, *and thus infringe on our rights and trespass on our territory.* The course we propose to follow has been taken in Missouri, South Carolina, Illinois, and other States, and it can't but work well in New York. *The movement is not one to crush a society.* We have learned to be liberal and tolerant in New York.'

"Dr. Howe said it had been objected to the bill that eclectics would be appointed on the Board of Examiners.

"Dr. Sturgis explained that the Board as it is now proposed to be constructed, will be composed of six allopathic physicians, two homeopathic, and one eclectic. *That one eclectic couldn't hurt anybody.*"

If instantaneous action is not taken by you in the way of telegraphing to your senator and assemblyman, either of these bills will become a law.

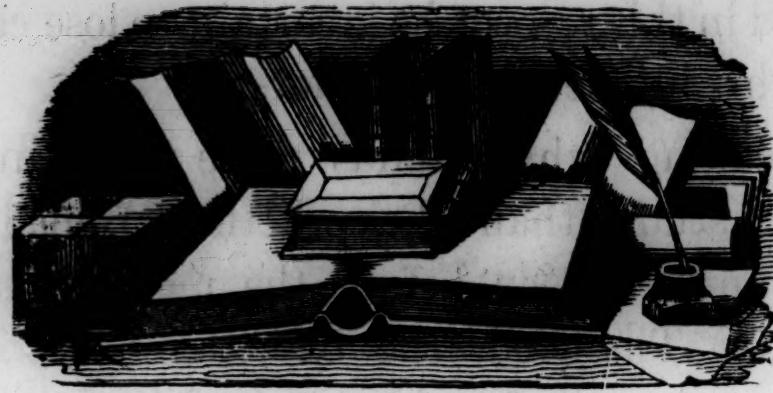
Any contributions you may wish to send for the purpose of printing circulars and other legitimate expenses made necessary by the introduction of these bills, may be sent to George W. Boskowitz, M. D., No. 111 East Twenty-fifth Street, New York City.

These bills are designed to drive the eclectic school of medicine out of this State, and they and the *ideas* they contain should be watched not only in the present Legislature, *until its final adjournment*, but in *all future ones*, as their passage was attempted last year, and *will be next.*

Yours truly,

GEORGE W. BOSKOWITZ, M. D.

DR. RYDER says: "I believe jaborandi to possess the power of eliminating from the human system almost any specific poison, by means of the skin, if resorted to at once and before the poison has had time to set up its peculiar action."—*So. Med. Record.*



## EDITORIAL.

To SUBSCRIBERS.—A single pencil mark across the margin opposite this note is a receipt for the present volume. It should appear in the issue following the sending of the subscription price. A cross instead denotes that the subscriber has neglected to pay for his last volume. Send postal orders if possible. Price one dollar per annum, in advance.

**No Time to Waste.**—Very few physicians are so hurried with business that they have not some spare moments at their own private disposal. The manner in which they improve these exerts an important influence upon their future standing. A medical man should grow wiser, not only in experience—in matters which every day contact with the affairs of his calling impress—but in that wisdom which comes from habits of study and thought.

Doubtless some of our most successful physicians, in a financial way, have neglected to give as much attention to medical study as to those affairs which attract the attention of the public in a more ostentatious way, as, for instance, general appearance, dress, equipage, etc. Nothing need be said against such arrangements, when one does not descend to a level with the dude, but these pretensions make little impression upon thinking people, unless they are substantiated by a well-stored brain. Recent graduates may be ever so well qualified, and yet not possess the culture requisite to render them ornaments to the profession. They require ripening, maturing, through the training that clinical experience, coupled with careful observation and study to fix old lessons and inculcate new ones, affords. The physician is expected to be a little more than the routine prescriber of medicine. He is expected to be a man of culture, a little above the community in which he ranges. If he be not up

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to the standard in this respect, he is certain to lose caste among those who are his intellectual superiors.

There is no calling which tends more to the unfolding of thought and to study, than the practice of medicine. All phases of humanity appear before the medical man in ever-varying aspects. The good, the bad, the finest mould, the coarsest clay stand out before him to lead him imperceptibly into channels of philosophical thought. A proper knowledge of science may thus make his avocation a ceaseless round of pleasure, instead of a dull humdrum routine, as it is with many.

The first duty of the physician is attention to the details of his profession; let him cultivate, by study and practice, those points requisite to render him an accurate diagnostician, a successful prescriber, and a reliable authority upon all which pertains to his calling. Then, as a source of pastime and pleasure, he may apply himself to the beauties of science and to the enjoyment of lighter literature when he has spare time. But let him remember that his medical references need be often consulted and re-read, if he would not fall behind.

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**Typhoid Fever.**—Statistics have shown that careful nursing in typhoid fever without drugs, affords better results than the old old school plan of treatment—that attention to cleanliness, ventilation and diet, with bathing, is capable of piloting a large majority of cases safely through. In making such a statement, however, it should be remembered that epidemic influences may sometimes conspire to render the disease highly virulent, resulting in an uncommonly severe form, with exaggerated mortality.

But there certainly are opportunities to aid good nursing in the management of this disease, and provided we do not ~~too much~~—do not embarrass natural efforts with drug influence, therapeutic agents may be brought to bear with decided advantage.

The elevated temperature and disturbed circulation may be brought by this means nearer a normal standard, and this will lessen the liability to pathological change in the cell protoplasm, and impairment in the general resisting forces; through their influence, disturbed states of the nerve centers may be relieved, and less destructive force spent upon the intestinal glandular structures.

The circulation and nerve centers are here influenced by the same agent. Feeble capillary circulation, as announced by oppressed pulse, pallid countenance, cold extremities, will be attended with torpor of the nerve centers, with hebetude, dullness of the eye, and disinclination to respond to questions. This condition may be benefited by minute doses of belladonna. With the small wiry pulse, we have excitation of the nerve centers with restlessness, bright eye, and possibly active delirium; here *rhus tox* will prove most effectual, though, if the pulse be full and bounding, *gelsemium* may have the preference. *Veratrum* will hardly ever be required. *Jaborandi* has its enthusiastic advocates, but as it powerfully depresses the circulation, it should not be pressed too far. As small doses of *aconite* exert a favorable influence upon the circulation, improving the power of the ganglionic centers presiding over this function, it may be combined with other sedatives advantageously in every instance.

*Baptisia* properly has a place in the treatment of all cases of true enteric fever without exception. It cannot, at the worst, do harm in small doses in any case, and its influence upon the glandular structures of the intestine should be made avail of throughout the course of the disease, to preserve as nearly as possible integrity of tissue, and thus lessen the tendency to breaking down during the later stages of the disease. Sometimes it may be the only antizymotic required, at others some prominent symptom may call for the addition of another corrective; sulphite of soda, for the broad, flabby, pasty-coated tongue, with pallid mucous membranes, sulphurous acid for the brown coating with-

out marked change in color of mucous membrane, or hydrochloric acid, with dark redness of that part. Zymosis is a prominent symptom here, but will usually manifest itself in one of these forms.

Nourishment should be regarded as an important matter from the beginning to the end. Well nourished cases make the best recoveries, and are less liable to extreme prostration as the disease progresses. Strict adherence should be observed to the rule that no solid food shall be given throughout the course of the disease. We desire to avoid the introduction of anything into the intestinal tract which will furnish material for mechanical irritation to a highly sensitive and devitalized part. Liquid food then should be the invariable rule, and, as rapid disintegration of tissue is going on, it should be highly nutritious. Milk, buttermilk, and oatmeal gruel may constitute the diet in the early part of the disease. Where milk does not agree with the stomach, but is thrown up curdled, or causes distress, a tablespoonful of lime water to each cupful, will often prove serviceable. Buttermilk may be allowed if the patient prefers it, and it does not prove an aggravation to the diarrhoea. The tendency of this article is that of a refrigerant. Oatmeal gruel may be prepared by adding a paste made of two tablespoonfuls of oatmeal, with as much water, to a pint of boiling water; stir this well and allow it to boil for half an hour; it should be thoroughly well cooked; now add a little salt and strain through muslin; if too thick, thin with a little milk.

Unless attention and care has been paid to the nourishment of the case early in the disease, a stage of prostration becomes marked during the later stages. This should be met with a more stimulating class of foods. Beef tea, wine, whey, and egg-nog may now be administered, but should be dropped after the stage of prostration has been passed, and the first class employed during convalescence. Let the food be given in small quantities and at frequent intervals invariably.

A daily sponge bath should be considered as an essential part of the treatment, and disinfection and ventilation not forgotten for a moment. These details in all fullness, combined with proper drug action, afford good results in the majority of instances.

**Follicular Tonsillitis.**—This is a common affection, and from the severity of the constitutional symptoms and the local exudation on the tonsil, is frequently called diphtheria. If the doctor so choose, he may fool the patient, but nothing could be gained by being the dunce himself. This affection is noncontagious, but is likely to occur in a member of the same family or community at the same time, and this latter fact causes the unobserving to think it contagious. It will be remembered that the tonsil in its natural state is nothing but an aggregation of follicular glands. In follicular inflammation of the tonsil, the inflammatory product contains an excess of fibrin and albumen which is supposed to be induced by a previous state of the blood. The follicle is filled with this membranous product, and at the mouth of the duct shows as a grayish pearly point, the size of a pinhead, or larger. A dozen of these points may appear on each tonsil, or only on one. The tonsil is not greatly swollen, and the pain and nervous disturbance is out of proportion to the other evidences of inflammation.

The surrounding parts of the pharyngeal mucous membrane are probably not affected. The pain is produced by the pressure of the unyielding exudate against the sensitive nerves. When the membrane or exudate breaks down and is absorbed, the pain ceases. This will be by the third or fourth day. The part will be sensitive from the removal of epithelium from about the ducts.

We also have sub-acute and acute or phlegmonous tonsillitis, from which we must discriminate this affection. Having determined that we have a case of follicular tonsillitis, we will treat it as follows: Administer for the fever

aconite or veratrum or both, if indicated. *Phytolacca* may be added to the febrifuge mixture with an expectancy of benefit. *Tinct. of chloride of iron* is almost always the principal remedy, and may be administered as follows: Rx *tinct. ferri chloridi 3 ii; glycerinæ ad 3 ii. M. Sig.* Half teaspoonful every half hour or hour, so as to keep the throat under its influence. However, its most salutary influence is upon the blood. Some relief may be had by keeping the patient in a comfortable apartment (80°) and steaming the throat.

C.

**Faradism in Disease.**—The faradic current fulfills an excellent purpose in the management of chronic inflammations of the nasal mucous membrane. In coryza and recent congestions of this part, it also proves speedily beneficial.

To apply it here the current must be managed so as to pass through the stream flowing from a nasal douche apparatus. To accomplish this we must have a *glass container* and rubber tube leading therefrom. Now take a small-sized copper wire, pass one end downward into the container and on through the exit, so that when the rubber tube is adjusted, the conductor will remain projecting a short distance into it. In order that it stay in this position it may be bent into a loop or ring at this extremity, large enough to prevent its retraction through the opening in the nozzle of the container. The other extremity may now be wrapped around the upper part of the containing vessel, knotted, and a coil formed around the terminal of the conducting cord so that this may be pushed into it or withdrawn to make or break the connection.

We will now observe that as the fluid from the douche flows through the nasal cavities it conducts the current if a connection with the other pole be made upon some portion of the body. For example, suppose the positive part of the battery should be connected with the coil of wire upon the douche, and the sponge attached to the negative conductor

be grasped in the hand of the patient. As soon as the fluid begins to pass into the naris, a current of electricity will be conducted by it to the mucous surfaces traversed, and its local influence obtained.

There is great variation in the susceptibility of the part to the faradic current in different individuals. Some patients are severely shocked by mild currents, others readily receive very strong ones. As this is a matter to be determined only by trial, the first attempt in every new case should always be conducted with the A. C. current, and very weak at that. If this prove too trying to the patient's nerves, let the switch be turned off to still further lessen the force of the current. In many instances, especially in long standing cases of catarrh, a very strong current can be borne without unpleasant results. This should be determined by gradually increasing the strength of the current until it is noticeable by the patient.

Following this, if the general health seemed impaired, the tonic treatment may be employed to improve innervation, digestion, nutrition, excretion, etc.

In order to use the nasal electric douche add a pint of water at a temperature of 98° Fahr. to the douche, connect the A. post with the douche, the C. post with a conductor to the extremity of which a moistened sponge is attached. Instruct the patient to grasp the nozzle of the douche in the right hand and apply it to the right nostril, while the moistened sponge is held in the left hand. If the current be not felt, gradually draw the tube out until it is, when the patient should raise the hand holding the sponge as a signal to desist. Allow half of the liquid in the douche to thus flow into the right nostril and out from the left, the patient breathing through the mouth meantime; then compress the tube, allow him a moment's respite, after which instruct him to change the nozzle into the left hand, to be applied to the left nostril, and the sponge into the right hand, thus reversing the direction of the fluid and that of the

faradic current also. When the A. C. current does not possess sufficient power as will often be the case the A. D. combination should be used instead.

The beneficial influence of this treatment will soon be made manifest in all but the most stubborn cases of endonasal inflammation. We doubt the superiority of any other plan over it.

**The Couveuse.**—The name *couveuse*, literally *brooding-hen*, is applied by M. Tarnier to an apparatus similar to an incubator, employed by poultrymen for hatching purposes, used in the Paris Maternite for the treatment of infants, upon which premature birth or some other congenital weakness fastens feeble vitality, demanding for the continuation of life the constant influence of artificial warmth.

This device consists essentially of a wooden box with double walls, the interstices of which are filled with saw-dust. Its interior is divided into two equal compartments, the lower one containing a reservoir for hot water, the upper one being designed to contain the basket occupied by the child and its wrappings. Between the walls of the box and the metal reservoir containing the water is a narrow space for the circulation of air, which, coming from below, rises into the upper compartment, occupied by the child, and escapes through perforations in the lid, thus providing for proper ventilation. A thermo-syphon communicating with the interior of the reservoir is so arranged that a lighted lamp may be placed beneath it outside the box, and a circulation maintained through it to bring the temperature to the desired elevation.

There appears to be a decided advantage in this in the instance of premature births especially, results being very much superior to what would be expected by those familiar with the precariousness of life in such cases under ordinary management. Of ninety-three children born between six, and eight and one-half months, sixty-two came out alive.

Quite a number of these were born at six months, an age at which the maintenance of life would ordinarily seem almost hopeless.

A number of cases of cyanosis, pulmonary congestion, oedema, and other congenital debilitated conditions, besides those where injuries had resulted from artificial delivery, as bruises about the head, from forceps, were treated in this apparatus with satisfactory results. One case of fracture of the arm, produced during extraction, recovered nicely under its influence. A double glass door in the lid furnishes light, and is raised when the child is to be removed for feeding, the removal for this short time being considered unobjectionable.

The time occupied in the treatment of the cases described above varied from nine to forty-six days.

**Normal Liquids.**—During the past year we have employed the liquor ergotæ purificatus in obstetric practice as well as in other conditions requiring the drug, with the highest satisfaction. The constant uniformity of this preparation is a recommendation of great significance, and it possesses the requisite strength to render the necessary dose conveniently small.

The satisfaction afforded by this drug, we suppose, has prompted Parke, Davis & Co. to issue a line of goods prepared in a similar manner, which with the above named preparation, they include under the general class name "Normal Liquids." These are carefully assayed in every instance, and contain a regular and invariable quantity of the alkaloid principle of the drug, thus commanding them to the notice of every physician who recognizes the fact that failure often arises from lack of quality in the prescribed agent.

From a limited use of normal liquids, we are inclined to regard them with favor, and to believe that they represent the only proper form of fluid preparations, *i. e.*, that form which guarantees a constant standard of strength and purity by actual assay, rendering them as reliable, as regards dose, as morphia, strychnine, quinine, etc.

**Cascara Sagrada in Hemorrhoids.**—A writer in the *Therapeutic Gazette* has recently been calling attention to the efficacy of cascara sagrada in hemorrhoids. By reference to the March and April numbers of Vol. 4 it will be noticed that we some time ago called attention to this point.

Wherever constipation from intestinal torpor exists, this agent acts well in hemorrhoidal congestions, but it will act better if combined with the tincture of the green plant of collinsonia. We write a prescription something as follows:

R Green plant tinct. collinsonia, fl 3*i*  
Fl. ext., cascara sagrada, fl 3*ss*  
Simple syrup, ad. q. s. fl 3*iv*

M. Sig.—Take a teaspoonful four times a day.

WATSONVILLE, Cal., Feb. 8, 1884.

**EDITOR CALIFORNIA MEDICAL JOURNAL:** I wish to elicit through your valuable journal an expression from the members of the California State Eclectic Medical Society, as regards the time of holding the annual sessions. Would also be pleased to hear the question voiced by those physicians throughout the State who may anticipate becoming members.

The time now fixed for the society's conventions, comes in the month of December—a very busy season, if I mistake not, with physicians in nearly all parts of the State. I believe, as a rule, there is much less sickness during the spring months than any other portion of the year. It is not only so in our own State that the ravages of disease are to some extent stayed during these months, but throughout our broad land. It is during this season, if ever, that the busy practitioner gets a little respite from his severe and arduous labors. And if these be facts, would it not be better for members, and for the association, to have our annual sessions some time during this period. Why not meet about the time of the California Medical College commencements?

Mr. Editor, I am aware that our society is fairly successful in getting a moiety of our members to attend the State meetings, but we should not be satisfied with the present if an impetus to the progress of the society can be given by changing the time of meeting.

I believe it can be. Let the question be considered by every member and physician, and if a majority can as well or better attend during the spring-time, let us change the date of sessions. Much good would come from such a movement.

A. W. BIXBY, M. D.

## NOTES AND COMMENTS.

SURGERY is getting down to fine points in Vienna. There they practice tenotomy of the tensor tympani muscle, in certain affections of the hearing apparatus.

THE minority portion of old school physicians of New York, those favoring the perpetuation of the old code, have organized themselves into a new society called "The New York County Medical Association."

A RUSSIAN physician has accidentally noted the good effect of ergot in delirium tremens. He believes the good results are due to the power of the drug in contracting the capillary vessels of the brain. The dose employed was one to one and a half grains.

In the *Stuart Ledger*, published in Oak County, Nebraska August 25, 1883, Dr. N. B. Ray is reported as a graduate of the California Medical College. As this is the first notice we have ever had of the gentleman, he must have graduated in a very surreptitious manner. We do not know him.

A COUPLE of Chicago medical students have been self-convicted of grave robbery, and now stand appalled at the possible outcome of the affair. They stole the bodies and thought it too good a joke to keep, so they boasted of their exploits. Young and green. We cannot speak in too severe terms of such doings.

IN the *Journal de Medecine de Paris* are collected the results obtained by several observers in the prevention of abortion and premature labor by assafoetida. In ninety per cent. of the cases so treated the patients (who had aborted from two to five times in former pregnancies) went on to full term.—*Medical Review*.

The Jerome Kidder Manufacturing Company of 820 Broadway, New York City, have received the "Medal of Superiority" from the American Institute in the fall of 1883, over three competitors, for their superior electro-medical apparatus. This old established house needs no commendation for the excellence, both of design and manufacture, which render their machines a standard of quality all over the country. This firm will gladly furnish any with circulars giving a graphic description of their several instruments.

GENERAL GRANT in stepping from his carriage on last Christmas day, slipped and fell, striking the outer portion of his left thigh upon the ground. Drs. Fordyce Barker and L. A. Stimson were soon in attendance, but no serious results were found to have occurred. However, "it is an ill wind," etc., the doctors were treated to a picnic in the way of free advertising.

WE are in receipt of a new medical journal, the *Analectic*, a large-sized octavo monthly, of 48 pages, containing the most valuable selections from the current medical literature, in condensed form. The price is \$2.50 per year. We will furnish it with the CALIFORNIA MEDICAL JOURNAL for \$3.00. It is published by Putnam's Sons, New York.

AT the price we are offering the JOURNAL now, many of the non-professional public would subscribe if their attention were directed to the subject. It will be no disadvantage to our physicians to encourage such circulation—in fact it might prove a source of advantage. We will send the JOURNAL extra for one year to every one who will send us three new subscribers and three dollars.

WE publish an article in this number by one of our last year's lady graduates. Mrs. Whitney was a faithful and untiring student while here, and her rapid advancement and high standing in the class testified to abundant profit as the result. She is still a faithful student, and making progress toward a higher plane. Her article would do credit to an older head.

THERE exists some fermentation among the ship physicians of the Red Star Line of steamers plying between Antwerp, and New York and Philadelphia. It seems that the company has decreed that the ship physician must mess with the steward instead of dining with the cabin passengers and captain. The doctors whine and submit instead of pre-emptorily declining to serve under such circumstances. The facts are, the supply of ship physicians exceed the demand, and the employers know it. A second-rate position and mess with the cook is better than a cold world and hungry belly. This high-priced professional dignity is not in keeping with the "eternal fitness of things." There seems not to be a great amount of room in the steamship lines for members of the regular profession who ape loftiness.

THERE is an opening for an eclectic physician at Deerfield, Ohio. An able man can succeed there, as he will be welcomed by a number of strong friends of that practice.

IT has been asserted that the Jamaica dogwood is a superior agent for injection in gonorrhœa. It should be used in the proportion of 3ss to the ounce of distilled water.

WE hope our readers will remember to advance subscription for the JOURNAL. This is the only proper manner of conducting a subscription list.

WE are in recent receipt of a private communication from Dr. O. P. Higgins, one of our last year's graduates. The Doctor reports prosperous times and good prospects for the future. He is located at Mountain View.

AN instrument for the administration of anæsthetics through the nose, in operations about the face and mouth, has been invented by Dr. B. C. A. Winder, of Birmingham, England.

OIL of wintergreen has lately received considerable attention from therapeutists, as a remedy in rheumatism. It is said to be superior to salicylic acid in its effect. Ten drops three or four times a day, in a little milk or flaxseed tea.

RESORCINE is the name applied to a substance resulting from the action of potassa upon a number of gum resins as assafœtida, galbanum, gum ammoniac, etc. It is said to excel as an application for simple chancre.

DR. A. J. HOWE furnishes an article on pregnancy and some of its disorders, to the *Eclectic Medical Journal* for February. By the way, why does not some eclectic writer furnish us with a first-class work on diseases of women, something that will compare favorably with Thomas, Hewitt, or Ludlam, and contain our best eclectic therapeutics. It has been a long felt want. Who will fill it?

WE have been handed a copy of the new edition of Professor Meads' *Chemical Primer* for review. The general acceptance of this work by the best authorities as a text book, not only for high schools, but medical colleges, is a sufficient guarantee of its merits. It will be noticed further next month. It is a source of pleasure to refer to the fact that Professor Meads is a member of the Faculty of the California Medical College. He also figures prominently as a teacher in the Oakland High School.

## BOOK NOTICES.

## THE DIAGNOSIS AND TREATMENT OF DISEASES OF THE EAR.

By Oren D. Pomeroy, M. D., surgeon to the Manhattan Eye and Ear Hospital; Ophthalmic and Aural Surgeon to the New York Infant Asylum; Consulting Surgeon to the Patterson Eye and Ear Infirmary; Member of the National Ophthalmological and Otological Societies, etc. With one hundred illustrations. Birmingham & Co., New York, 1883.

In perusing the pages of this book we recognize many familiar sayings and opinions of the author, as in times agone we used to hear him lecture in Manhattan Eye and Ear Hospital. Dr. Pomeroy has devised a number of instruments, some of which have come into general use on account of their superiority. The profession has not been able to utilize his faucial eustachian catheter although it is a favorite instrument with himself. The work is very practical and embodies the result of a number of years of clinical (as well as private) practice. He is known to be an ingenious and successful aurist, and this should be a recommendation to his work for those who need a text book on this subject. He mentions the use of the dental engine in trephining of the mastoid, and this we consider the only rational and humane method. To trephine the mastoid with a hand gimlet or with a chisel and mallet is a barbarous and unmechanical procedure when dentistry furnishes us ready to hand with the dental engine, with which any kind of drilling instrument may be attached. The work may then be done without jar and with great rapidity and accuracy.

C.

AMERICAN DRUGS AND MEDICINES. A quarterly devoted to the historical and scientific discussion of the botany, pharmacy, chemistry and therapeutics of the medical plants of America; their constituents, products, and applications. By J. U. Lloyd and C. G. Lloyd, Cincinnati, O.

The prospectus of this work announces as its field of labor exclusive devotion to American drugs and medicines. "It will be neither a medical nor a pharmaceutical journal, but a serial devoted exclusively to the subject indicated in the title." It is to be numerously illustrated from photographed specimens so as to nearly perfectly represent the objects under consideration, especially those drugs which are legitimately used in medicine, and, contrasted with the true agents, will be represented those specimens which are used in sophistication. Price, \$1.00 per annum, or 30 cents per copy.

**STUDENTS' MANUAL OF DISEASES OF THE NOSE AND THROAT.**

A digest description of the more commonly seen diseases of the upper air tract, with the methods of their treatment. By J. M. W. Kitchen, M. D., Assistant Surgeon of the Metropolitan Throat Hospital; late Instructor in Diseases of the Nose and Throat at the New York Post Graduate Medical School, etc. New York, G. P. Putnam's Son, 27 and 29 Twenty-Third Street.

This book contains 124 pages, and is designed as a guide to the student or practitioner in the common affections of the nose and throat. Anatomy, and the symptoms common to all inflammatory affections of this part, have been omitted. In the fewest possible words the author has undertaken to give the most necessary information. The most practical and modern method of treatment has been recommended. Of necessity, owing to the extreme brevity of the work, much of real utility has been omitted, but there is as much practical matter as is usually contained in works three times the size of this manual. From a specialist's standpoint, and knowing whereof we speak, we can cheerfully recommend this volume to all. C.

**A TREATISE ON SYPHILIS IN NEW-BORN CHILDREN AND INFANTS AT THE BREAST.** By P. Diday, Ex-Surgeon to the Hospital De L'Auhquaille, Lyons. Translated by G. Whitney, M. D., with notes and an appendix by F. R. Sturgis, M. D., Professor of Venereal and Skin Diseases in the New York Post Graduate School; Surveyor to the Venereal Division of Charity Hospital, Blackwell's Island, etc. Wm. Wood & Co., New York, 1883.

This is the October number of the publishers' *Library*. If it were possible this year's *Library* is superior to any published before. The matter is all of the most useful character for the practitioner, and the authors are reliable and scientific.

The subject of hereditary syphilis is one on which practitioners cannot be too well informed, as there are many questions regarding its etiology to be answered. The symptoms, or manifestations, are not always plain, as they may attack any part of the organism of the infant. From a medico-legal standpoint the subject is of greater importance than any other, as a mother, father, or nurse may be accused, and the physician is to judge who is the guilty one. His opinion will also be asked regarding the liability of parties affected with syphilis, who may wish to marry, to transmit it to their progeny, and also after marriage has been contracted as to the probabilities of the offspring being affected. The question of liability of transmission comes in here, and, without a comprehensive knowl-

edge, the physician cannot conscientiously advise his patron.

This little volume is the product of great research, and answers each question fully. The treatment is also considered, but this is not of so great importance, as when a diagnosis is made the therapist can usually suggest the proper remedial procedures.

C.

**A MANUAL OF PRACTICAL HYGIENE.** By Edmund A. Parkes, M. D., F. R. S., late Professor of Military Hygiene in the Army Medical School; member of the General Council of Medical Education; Fellow of the Senate of the University of London; Emeritus Professor of Clinical Medicine in University College, London. Edited by F. S. B. Francois De Chaumont, M. D., F. R. S.; Fellow of the Royal College of Surgeons of Edinburgh, etc. Sixth edition with an appendix, giving the American practice in matters relating to hygiene, prepared by and under the supervision of Fredrick N. Owen, Civil and Sanitary Engineer. Vol. 2 published by Wm. Wood & Co., 56 and 58 Lafayette Place, New York. For sale by A. L. Bancroft & Co., S. F.

When we become better acquainted with the laws of hygiene and learn to follow them, we will find less need for the use of drugs. This work is an exhaustive and comprehensive one, entering into the details of the subject quite thoroughly, if we have judged fairly by a superficial examination of it. It contains over nine hundred large octavo pages of closely printed matter, and is worth double its actual cost to any physician. We regret that we have not time to read it carefully at present. We promise ourselves a substantial treat when afforded leisure to do so.

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#### REVIEWS AND REPRINTS.

THE editor of the *American Medical Journal* has frequently called attention to a preparation which he terms "euchlorine" in the treatment of diphtheria. From his reiterated assertions corroborative of its value we are led to suppose it something above ordinary merit, and desire to call the attention of our readers to it. He says: "Euchlorine is prepared and administered in this way: Put half a drachm of pulverized chlorate of potash in a clean, dry, four-ounce bottle. Into this bottle upon the chlorate of potash drop ten drops of muriatic acid, close the bottle with a good cork immediately, shake a little, let it stand about five minutes, then remove the cork quickly, pour a little water into the bottle, return the cork, and shake the bottle; then uncork and add a little more water, and go on with this

process till the bottle is full. Upon adding muriatic acid to chlorate of potash a beautiful greenish-colored gas is generated, which soon fills the bottle, and if the cork is not very tight it will be forced out of the bottle. Now we give this mixture in teaspoonful doses every hour, to children five, seven, and nine years old. For smaller children we dilute it a little, sometimes one-half. For adult patients the mixture may be made double strength, one drachm chlorate of potash and twenty drops of muriatic acid for a four-ounce mixture." Toddy and milk punch should be resorted to if the strength grows weak and the breathing hard and slow, still continuing the euchlorine. The doctor's experience has been that whenever this plan of treatment is abandoned in severe cases, disappointment will result. Euchlorine with alcoholic stimulants and quinine is the treatment *par excellence*.

DR. E. YOUNKIN in an article in the *American Medical Journal* speaks highly of the oil of cade as a surgical dressing. He regards it as superior to carbolized oil in correcting fetor of suppurating surfaces and in stimulating healthy granulation. He employs it extensively in dressing lacerated wounds of the hands and feet.

DR. E. L. HERRIOTT, of Jacksonville, in his Report on Obstetrics to the Illinois Medical Society, says that he has accidentally discovered that aromatic sulphuric acid is the best remedy for after-pains.—*Medical Review*.

DR. HOLMES relates the following to illustrate the significance of small things in the sick-room: "Will you have an orange or fig?" said Dr. James Jackson to a fine little boy now grown up to goodly stature. "A fig," answered Master Theodore with alacrity. "No fever there," said the good doctor, "or he would certainly have said an orange."—*Ex.*

"A NEW Guide to Conversation in Portuguese and English," gives the secret of the longevity of physicians: "A physician eighty years of age had enjoyed of a health unalterable. Theirs friends did him of its compliments every day: Mister Doctor, say they to him, you are an admirable man. What you make then for you to bear you as well? I shall tell you it gentlemen, he was answered them, and I exhort you in same time at to follow my example. I live of the product of my ordering without take any remedy who I command to my sicks."

IN the *Glasgow Medical Journal*, recently, Mr. Clark discussed this subject, and concluded that it is eminently proper to at once suture divided nerves. It should be as much a rule of practice to bring together the cut ends of a divided nerve as to stitch the wound in the muscles or skin.—*Med. and Surg. Report.*

IN an article read before the Kansas Eclectic Medical Association, in February, 1882, J. A. Munk, M. D., gave a prescription for the relief of pain in the left side. It has proved so satisfactory in my hands during the past year, I wish to call the attention of the profession to it: Fld. ext. of grindelia squarrosa,  $\frac{1}{2}$  oz.; glycerine,  $2\frac{1}{2}$  oz; alcohol, 1 oz. Mix. Dose, a teaspoonful every four hours. Try it in some of these old chronic pains lying between the hip and nipple, and see if you do not exclaim, Eureka!—*T. Arthur Wright, M. D., in Kansas Medical Journal.*

ARSENIC is recommended as follows in the treatment of nævus:—

Mr. W. J. Beatty, L. R. C. P., writes to the *British Medical Journal*: "In my hands it has succeeded admirably, my last eight cases having been cured perfectly and painlessly by the local application of this remedy. The preparation I use is the ordinary liquor arsenicalis of the *Pharmacopœia*, with which the nævus is to be painted night and morning until ulceration takes place; and I find that the cure is effected in from three to five weeks.—*Louv. Med. News.*

THE latest agent introduced for the relief of neuralgia is a one-per-cent. solution of hyperosmic acid, administered by subcutaneous injection. It has been employed in Billroth's clinic in a few cases. One of the cases had been a martyr to sciatica for years, and had tried innumerable remedies, including the application of electricity no fewer than two hundred times, whilst for a whole year he had adopted vegetarianism. Billroth injected the above remedy between the tuber ischii and trochanter, and within a day or two the pain was greatly relieved, and eventually quite disappeared. It would be rash to conclude too much from these results, in the face of the intractability of neuralgia to medication, but if it really proved to be efficacious as considered, hyperosmic acid will be a therapeutic agent of no mean value.—*London Lancet.*

A. O. AMEDEN, M. D., reports a case of traumatic tetanus cured by the hypodermic injection of rattlesnake poison. The tip of the hypodermic needle was dipped into some "crotaline" and the needle inserted under the skin in the dorsal region. The tetanic spasms and rigidity rapidly lessened and entirely ceased in ten hours. The patient then slept quietly for six hours. Thirty hours after the insertion of the poison, rigidity and slight spasms recurred, and a second injection gave rise to alarming prostration and other symptoms of rattlesnake poisoning, but the man recovered, and was troubled no more with tetanus.—*Med. News.*

A FEW days ago, early in the morning, an Oakland mother, whose child was ailing, administered to it, by mistake, a spoonful of carbolic acid, instead of castor oil. The child complained that the medicine burned, and the woman discovered her mistake and dispatched a messenger for the nearest physician. The gentleman refused to go, on the grounds that he did not attend night calls. Another physician several blocks away was summoned, but the child died in three or four minutes after his arrival. The coroner's jury included in its verdict a resolution of censure against the physician, who in such an extreme case refused to lend his aid for the little sufferer's relief. The history of the case contains a moral, both for mothers and physicians.

THE *Medical and Surgical Reporter* tells of a chance meeting on the street of two old classmates, on one of whom fortune had smiled more beamingly than on the other. "See here," said the latter, "we were students together; you didn't work as hard as I did; how is it that you have such a large practice, while I can't get any patients at all?" The former gave the following significant reply: "Go to a barber's and have your hair cut; go home and take a bath and put on some clean clothes, keep your shoes polished and your face and hands clean; tone down your manners and drive a stylish horse and carriage, and you will get practice." Here was the polished man and the "rough diamond;" the one made money, while the other commanded the greatest respect and admiration from those whose opinion was worth having. Which is most to be coveted? There is surely nothing incompatible in the two that they may not be combined in the one individual.—*Exchange.*

DR. J. F. HEUSTIS, of Alabama, describes a simple operation for the relief of tic douloureux, which is worthy of further trial. Discarding Carnochan's operation of trephining the antrum and following up the nerve beneath the orbit and removing it, and Langenbeck's slighter one of dividing the nerve far back in the orbit with a tenotome and drawing it out through the infra-orbital foramen, Dr. Heustis cut down upon the infra-orbital foramen, and, with a fine steel drill, such as dentists use, improvised of piano-wire, drilled out the nerve in its entire length, as far back as the sphenomaxillary fissure. The immediate effect of this operation was to abolish all sensation in the previously sensitive parts, and to enable the patient to use the jaws without suffering the darting pains formerly experienced.—*Medical News*.

M. VULPIAN presented to the Académie of Medicine a note from M. Bochefontaine, which states that after a careful investigation of different districts densely populated by copperworkers, he ascertained that these districts have not been exempt from epidemics of cholera and typhoid fever, and mentions the instance of the coppersmiths of Villedieu, among whom, some time ago, there appeared a severe epidemic of that disease. M. Bouley has represented to the Académie des Sciences, M. Burq's report of his inquiry among large copper factories. It contains a great deal of concordant evidence that copperworkers are exempt from cholera and infectious illnesses, the report, therefore, differing entirely from M. Bochefontaine's note.—*British Medical Journal*.

KRANZFELD describes (*Vrach. Vedom.*, No. 540, 1882) a simple and easy method of treating varicocele, which had been successfully practiced in seven patients by Dr. G. T. Dukhnovsky, of the Odessa Military Hospital. The method consists in injections of eighty-five to ninety per cent. alcohol into the subcutaneous cellular tissue surrounding the spermatic veins. The needle of a Pravaz' syringe is introduced under the skin at any point facing the dilated veins, and is brought with the help of the operator's left hand as nearly as possible to the diseased vessels; then the syringe is slowly emptied. The injection causes only moderate burning pain, lasting from half an hour to three hours. On the next day after the operation there appears a considerable, but almost painless, swelling of the parts, which is at first soft, then becomes more tense. The injections are repeated at three

or four days' intervals, from three to ten times, according to the demands of the case. Finally the spermatic veins are transformed into thin hard cords. In all the seven patients of Dr. Dukhnovsky cure was complete (at least the patients remain quite well as yet). The same method proved equally efficacious in two cases of dilated veins of the leg.  
—*London Med. Record.*

M. LECUYE, a French doctor, claims that strychnine is to alcoholism what mercury and the iodide of potassium are to syphilis. It cures delirium tremens, diminishes the gravity of wounds and inflammations occurring in drunkards, and wards off epilepsy and alcoholic insanity. Alcoholism should not be treated symptomatically by various remedies, but as a general disease; and the agent for so treating it is strychnia, which will remedy all nervous or cardiac, cerebral or gastric disturbances. M. Lecuye prefers the sulphate, and administers this by subcutaneous injection on account of the usual indocility of these patients and the necessity of acting upon them rapidly. He dissolves thirty centigrams in thirty grams of water, and, according to the gravity of the case, injects the whole or one-half of a Pravaz' syringeful. Not more than a centigram ( $\frac{1}{2}$  grain) should be injected at once, and this may be repeated, under watchful guidance, every two hours. In some cases one centigram per diem suffices, while in others seven may be injected in fifteen hours without inducing symptoms of strychnism.—*Druggists' Cir.*

DURING the course of a late clinical lecture on malignant disease of the cervix uteri, Dr. T. G. Thomas stated, as an axiom in gynecology, that if a woman who has normally ceased to menstruate begins to have uterine hemorrhage, always suspect carcinoma. Not infrequently you will see in the medical journals the reports of cases where women who have passed the change of life have begun to menstruate regularly again; but such accounts are altogether deceptive, and if these cases could be followed out, it would be found, with scarcely a single exception, that the uterine flow was merely the indication of the presence of malignant disease. In other words, there is absolutely no such thing as a return of the menses when a woman has once reached the normal menopause. Not long since a patient of mine in the Woman's Hospital, who is sixty years of age, began to have a flowing from the uterus, and, as there

was no indication of any external disease, I applied the curette to the endometrium, and drew out some pulpy masses, which I sent to a well-known microscopist for examination. The report that I got from him was that the growth was not malignant in any respect, but was simply a form of polypus. I am perfectly sure, however, that the microscopist is wrong, and for this reason: in the uterus of a woman of sixty, polypi never develop. The organ at that age is completely atrophied. Sometimes in women who have passed the menopause you will find uterine tumors which have all the appearance of fibroids. They are not by any means fibroids, however, but sarcomata.—*N. Y. Medical Journal.*

A FRENCH physician considers hypodermic injections of ether very valuable in the adynamic forms of typhoid fever. He reports five cases so treated. Two injections of twenty drops each time were made daily, and under its influence the patient was aroused and delirium ceased. In pneumonia, these injections are of the greatest utility, as they are in every malady assuming a typhoid form.

THE Formulary: From the new Primer: What is this? It is a young and Anxious Father. Has it a bottle in Its hand? Yes, and there's a big Label on the small bottle. What does this Label spell? P-a-r-e-g-o-r-i-c. Where is the Young and Anxious Father going? He is going to the Bawl this Evening.—*American Druggist.*

DR. J. ANDEER, *Centralbl. f die Med. Wissen.*, reports extensive use of resorcin in acute and chronic cystitis, and claims for it almost specific curative power. He reports one hundred and fifty-six cases where, either by him or to his personal knowledge, it was injected into the human bladder with the best results in vesical catarrh. Acute cases have been entirely cured by the injection of a five-per-cent. solution.

A WASHINGTON correspondent of a New York paper, visiting the Treasury Department, noticed that many of the women employed in counting bank-notes looked ill and had sores upon their hands or heads. The superintendent gave the following account of the trouble: "Very few," he said, "who spend any considerable time in counting money escape the sores. They generally appear first on their hands, but frequently they break out on the head, and sometimes

the eyes are affected. We can do nothing to prevent this. All of the ladies take the greatest care of themselves in their work, but sooner or later they are afflicted with sores. The direct cause of the sores is the arsenic employed in the manufacture of the money. If the skin is the least abraded, and the arsenic gets under the flesh, a sore will appear the next morning. The habit that every one has of putting the hand to the head and face is the way the arsenic poisoning is carried to those portions of the body. See here," said Mr. Rogers, stopping by the side of a young lady, and picking up a glass vessel containing a sponge, "this sponge is wet, and is used to moisten the fingers while counting the money. You see how black it is. That's arsenic. Every morning a new piece of sponge is placed on the desk of each employe, but before the day is over it is as black as this. I have known half a dozen cases where ladies have been compelled to resign their positions. There are three ladies who were here six years before they were afflicted with sores. About three months ago they were so visited by them that they had to quit work. They have been away ever since, and the physician's certificate in each case says that their blood is poisoned with arsenic."

That arsenic should turn sponges black is a novel property of the metalloid which is unknown to most chemists. The change of color is more likely due to the dust and impurities naturally accumulating on a paper circulating through so many hands. At the same time the numerous sores observed are almost as good proof as a chemical test would be, of the presence of arsenic. The exact composition of the green ink on bank-notes is said to have always been kept secret, but surely the Treasury Department might easily use a green pigment free from arsenic.—*Druggists' Cir.*

I HAVE found nothing so efficient in relieving the burning and itching sensation of the eruption of scarlet fever as the inunction of the whole body with vaseline. The vaseline is simply used by being well rubbed upon the surface of the body with the hand, once or twice a day, and continued as long as the patient complains of burning or itching of the skin. These inunctions soothe and calm the patient in an astonishing manner, and are rarely required beyond two or three days.—*Dr. J. B. Johnson, in Medical and Surgical Reporter.*

THE trials of a country practitioner in a cold region are well set forth in the following letter to the editor of the *Medical Record*:—

Dr. T. J. Hutton, of Fergus Falls, Minn., writes: “Your postal received. In reply, I have consulted many to-day as to the temperature on the night of January 17, 1883. All agree that it must have been somewhat lower still than—60° on that night, for at 10 o'clock in the forenoon of the 18th the spirit thermometers, which indicate but—52°, were still congealed. On the night of the 4th inst., it must have run equally low, for at 11 A. M. it recorded—44°. My dear doctor, we are accustomed to such ‘airs,’ but as it seems to have for you an element of novelty, I inclose you an old photograph of myself about to go on one of these country calls. And if we met and you had an hour or two of leisure, I could treat you to many queer experiences on such calls—especially such midnight calls. How many times I have resorted to natural language—no interpreter within twenty miles! How often have I slept in a sour, greasy, buggy bed! How often the rooster crowing—perched on the foot of the bed—has awoke me in the morning! How often missed meals, so filthy the houses, hotels twenty miles distant! How often benumbed so in long midnight midwinter rides that I could not even get out my pocket-flask, so stiff' my hands and fingers! How often lost by night on the prairie, in winter, too; whew! it makes my own blood curdle even now—for I will no more out winter nights—getting lost by day is bad enough in winter. My last ‘lost’ was last Friday, returning twenty miles from a diphtheria call. The road taken made the return trip over thirty miles. Sat five hours and thirty-five minutes in the cutter, temperature 30° below—but that was mild. Truly

“ ‘ Who never ate his bread in sorrow,  
Who never spent the midnight hours  
We ping and watching for the morrow—  
He knows not you, ye unseen powers.’ ”

THE following from the *New York Medical Times*, by A. P. MacDonald, M. D., contains some points concerning the etiology of enteric fever worthy of notice:—

During the month of October and November last, Port Jervis, N. Y., was visited by an endemic of typhoid fever, which may be of interest to the profession, on account of the bearing it has on the theory that milk may become the

medium through which the disease, under certain conditions, may be communicated to the unsuspecting consumers. The first case of the disease came under my observation October 24th, and, at the end of one week, I had seventeen cases in ten families. After exhausting every possible cause for this sudden outbreak, my attention was directed to the milk supply. I learned that all my families were supplied by a milkman by the name of Hensel, and that all the neighbors supplied with this milk had cases of sickness supposed to be the same as mine.

I also learned the fact that Hensel received his milk from the dairy farm of Mrs. Cuddeback, where there were three cases of typhoid fever in August and September.

Under date of January 12, 1884, I am indebted to the State Board of Health for the following:—

Total number of cases reported, 159; total number of cases who used Hensel's milk, 128; total number of cases who did not use the milk, 31; total number of families who used the milk, 130; total number of families using the milk who had typhoid, 71; total number of families using the milk who escaped, 59; total number of families from all causes who had the disease, 97.

This leaves thirty-one cases in twenty-six families who did not use the milk.

Of the thirty-one cases reported who did not use the milk, six physicians report sixteen, which were investigated by the State Board with the following result:—

Originated out of town, 5; traceable to clearly unsanitary conditions, 6; reasonably doubtful of diagnosis, 3; not investigated nor satisfactory report made, 2.

The other fifteen cases were reported by two physicians who opposed the milk distributing theory of the disease, and no satisfactory report was made, nor were arrangements made so that the State Board could investigate the cases. The physicians in question report thirty cases from all causes. It is a significant fact that six physicians report 129 cases, sixteen of which were from other causes than the milk, and that they offered every facility to the State Board to have a satisfactory investigation made. And that two physicians report thirty cases, fifteen of which were from other causes, and that no satisfactory report was made, nor opportunity afforded for an investigation, although Professor Curtis remained here two days for that purpose.

The character of the disease was very mild, convalescence as a rule was tedious, relapses frequent, and there were only seventeen deaths. I saw thirty-two cases, and had four deaths, two cases fell an easy prey to the disease on account of previous ailments, two died of peritonitis, the result of perforation. One of those was a very mild type of the disease, and gave me no anxiety till the sudden seizure of pain announcing perforation gave his case a graver aspect. At no time preceding perforation was there abdominal tenderness or high temperature.

The bulk of all the cases occurred between October 24th and November 15th; after that date the cases were few. The sale of the milk was stopped November 4th. I mention the coincidence because it was a strong bearing on the milk theory, and that, at the time I charged the milk with being the cause of the endemic, I stated that the disease would be checked after a reasonable time after the milk supply was stopped.

UNDER the caption, "The Beginning of the End," the *New York Medical Times* pertinently remarks:—

"In a recent issue of the *Times*, we stated that we believed that, at no distant day, the medical profession in this country would be divided into three distinct parties. The liberal men of all schools, standing upon the platform of freedom of thought, recognizing, as a test of fellowship, education, intelligence, and that unwritten law, which controls the action of every gentleman, will form the great party of the age. On the one side will be found a distinct sect, under the sectarian and partisan name of 'regular,' entrenched within the walls of the old code, and holding no fellowship with any who cannot repeat its shibboleth. On the other side, an equally distinct sect, wedded to one idea—the infinitesimalists, or the 'pure Hahnemannians.'

"Events are moving on more rapidly than we anticipated, and the recent organization of a new society in this city, and the work marked out by its members, looks to the speedy fulfillment of our prediction. A new county society has recently been formed in this city by the old codists, and the plans arranged for the formation of a similar society in every county in the State, out of which will grow a State medical society. The ark of their covenant is the old code. This is borne in solemn state like the

sacred rolls in the Jewish tabernacles. All outside are heretics, with whom no true believer can for a moment associate. In the meantime, the great current of free thought sweeps on its resistless way, heedless alike of the anathemas of the 'regulars,' and the clouds which ever float around the men, who believe that all of medical truth exists in a single dogma, and that dogma rarified, like the most imponderable gases, until it bears no semblance to the grand compact and logical truth, which has worked such a revolution in therapeutics.

"Radicals have been of vast use in the inception of every great movement, in drawing the attention of the public to its peculiar features in keeping them before the people, and awakening, oftentimes, by the extreme positions taken, the sharpest criticisms, and the most careful scientific analyses. When the real principles, which are often clouded by unwise and too enthusiastic and imaginative counselors, have become finally established, and their truth amply demonstrated, the radical and extremist, if he is wise, will be a radical and extremist no longer.

"His mission has been accomplished, and if he continues a radical and extremist, he becomes at first a public nuisance, and then drops out of notice, while the great cause, in which he once wielded a power as a leader, moves on without him. It requires no prophet's eye to foresee that the extremists on both sides of the great central party, fighting against the spirit of the age, restricting, by sectarian enactments and feudal discipline, free thought, will every year become fewer in number, and grow less and less powerful, until their organization ceases to exist.

"We look, therefore, upon the withdrawal of the old codists from their old societies, and the formation of new ones, in which they can be as exclusive as they like, as an exceedingly favorable omen for the cause of progress. The position of old codists is that of sectarianism, strong, rampant, iron-bound, conceited, selfish, full of inflated pride, without one redeeming trait, or one element of good to save it, as a sect, from perdition. It will rid the new party of a discordant element with its conceit and trickery, its backbiting, and its gossip, and enable it to devote its entire attention to the great mission of our profession—the public good.

DR. J. T. SEARCY furnishes an article to the *Medical Record* in which he summarizes the functions of the nerves in a manner worthy of notice. We reproduce the entire article as follows:—

In the light of modern physiology, we feel fully authorized in summarizing the functions of the nervous system under the general expression that they adjust action. This expression can be shown to include the whole range of functions, from the lowest center to the highest brain. The intellectual cortex adjusts the individual to his environment, while the centers of the sympathetic, the cellular tracts of the cord, the medulla, and the lower brain adjust the actions of the parts and organs of the body to their surroundings. In a physiological consideration of these high orders of structure we need not engage in the more unsettled discussions of the day as to the manner in which these functions have been obtained or acquired. It seems to be a necessity of the times to accept the proposition as fully established, that the general or special use, object, function of the nervous system, considered as a whole or in its several parts, is the adjustment of the manifold and various actions of the body. This is the characteristic feature of the centers, from their lowest to their highest grades; and the grades of adjusting action vary, like their structures, from the simplest to the most complex.

A center or ganglionic tract of the sympathetic, of the cord, or of the medulla, emits adjusting action along its efferent, outgoing fibrils to the parts over which it has control, that is, with which it holds efferent communication; and this emitted action is adjusted by the controlling center to be in accordance with the action received by it, brought into it by its efferent incoming fibrils. The structures and functions of the lower centers are simple affairs in comparison with the immense complexity of structures and functions of the brain, still throughout, from lowest to highest, there are plans of action similar in all the different portions, varying only in grade. In the lower orders of centers the adjusting action is so simple and immediate that it has received the title of reflex action; higher in the scale we have automatic action; then there are instinctive acts; and finally we have intellectual action, or thought and reason. They are all adjusting acts and are the peculiar characteristics of nerve centers.

I do not think the discovery of the circulation of the blood marks as important an era in the progress of medicine as the discovery of what we may style the circulation of the nervous system. The discovery of the sensory and motor nerves in the spinal cord was the initiation of it. The discovery that certain fibers bear currents of nerve action from the periphery to the centers, and others bear currents outward to the periphery, has led to much more practical and important results in the philosophy of the human system than ever have arisen from the discovery of the incoming and outgoing currents of blood. The discovery of one as much transcends the discovery of the other as the functions of the nervous system transcend the functions of the vascular system.

The fact that adjusting centers or tracts adjust the emitted acts to the received ones, leads very naturally to a division of such functions into the receptive, the adjusting, and the emissive acts. The adjusting act can be a very prompt and immediate one, or be a very complex and deliberate one.

Coming in to the median line from the two lateral halves of the body, the afferent centripetal fibers bring incoming currents of cellular, molecular nerve action to their adjusting centers or tracts. These adjusting centers are built up upon the terminations of these afferent fibers on the sides of the median plane opposite to or over against the incoming currents, and send back to the sides whence the incoming currents came their outgoing currents of adjusting action. Hence the decussation of fibers. There are also commissural fibers that connect the bilateral adjusting centers and render their adjusting acts simultaneous and harmonious—make them joint actions.

In some low forms of animal life bilateral pairs of centers can be traced on both sides the median line, connected by fibers; each bilateral center has a receptive part and an emitting part, separate and distinct from each other, and the adjustment is made by the two. Such distinction is not discernible in the structures of the human system, yet modern "localizations" in the brain point to certain tracts of the cortices from which the emitted efferent actions take their start, and other tracts into which the received afferent actions are poured; while the whole cortices seem to be engaged in the general adjustment.

My principal object in this manner of reviewing the functions of the nervous system is to make plain the general distinctive similarity in all its grades of action, namely, the receptive, the adjusting, and the emissive functions pertaining to all. All the centers have these three stages of action, no matter how simple or complex, how immediate or deliberate their adjusting actions are.

Very naturally, next in this line of thought comes the question, What are sensations? I might very properly say they are the receptive acts of the sensating portion of the nervous system, and in the light of recent investigation I am warranted in saying that this high grade of receptive action lies in, belongs to, the cerebral hemispheres. Probably I had better say principally belongs to the cortices of the hemispheres, for, as implied all along, the receptive acts seem graded up to sensation; lower structures simulate sensation, have lower grades of the same sort of action, but practically speaking they are not sensations as the term is understood. You see it asserted recently that the sensating organ, the sensorium, is the cortical laminæ of the cerebrum, which seems a correct statement.

More properly we ought to confine the term sensations to the receptive acts that are produced in the higher brain by the incoming currents of action brought to it along the afferent fibres whose distal extremities lie in the organs of special sense, by such currents of action, for instance, as reach these high sensating structures along the optic, the auditory, the olfactory, the gustatory, and the tactile nerves. Sensations then would be a term limited in extent, and would hold an intermediate position. Below them are all the receptive acts that do not reach the grade of sensations, and above them are grades of receptive acts that hold the high rank of intellectual perceptions. The symbols (of written or spoken language, for instance) that convey the abstract complex brains acts of one individual to another, it is true only reach the brain through the channels of the special senses, but still very complex and abstract actions can be conveyed in this way, and "concepts" of them produced in the brain of the second individual; provided he have a brain capable of performing that kind of action, which acts are grades higher and of another order than simple sensations, and still are on the receptive side. In other words, the perceptive brain faculty is a grade higher than simple sensations.

I believe I am warranted here in the suggestion that not only the receptive acts of this high organ, the sensorium, are sensated, but to use the term to convey the idea of a further advanced faculty or function, it is sensitive to its adjusting acts and its emissive acts also, which function or faculty is implied in the term consciousness. Consciousness, therefore, is a much more complex and a much broader term in its signification than sensation. The sensorium is therefore sensitive to, conscious of, all its receptive, adjusting and emissive acts. The higher brain is conscious of its receptive acts (the sensations, the perceptions), of its most complex adjusting acts (thought, reason, etc.), and also of its emissive (voluntary) acts. It is tempting here to stray into the complex and entangled mazes of physiological psychology, but that is not the object of this discussion. A great majority of the acts of these high structures are phases of abstract deliberate adjustment, above the receptive sensation acts on the one side and the emissive voluntary acts on the other, though the general plan of action holds here too of the receptive, adjusting, and emissive. There are ascending, transverse, and descending portions of the curve.

A great deal of confusion has arisen in the philosophy of the world by the consideration of the acts of the high sensating, conscious brain, the hemispheres, as the work of an extrasomatic, metaphysical entity. Because the brain has the capacity of carrying its highest adjusting actions to a level above simple sensations and simple motions, therefore its functions have been considered those of a separate entity. It will simplify very much our understanding of the teachings and writings of the day that relate to the functions and faculties of the mind as an entity separate and distinct from the brain, if, wherever the term occurs, we substitute the word brain for mind. It is true, under this sort of a consideration, the sensorium becomes the Ego, but we at once remove a great source of the delusion and confusion that is current on this subject, even in medical works. Thus qualified, it becomes a plain and simple proposition that this excessively complex organ, with excessively complex functions, is capable of being exercised, trained, developed, educated; and also, we readily see how it can be injured, disturbed, disordered, diseased, which is just as the facts of the case indicate.

The structures of the hemispheres of the cerebrum seem commensurate with the high functions assigned to them.

Compared with the rest of the nervous system they are immense ganglionic masses. Connected by their pedicels with the upper extremity of the cord and medulla, they appear built up upon the incoming fibers that reach these high altitudes with unadjusted action, or action from the special sense organs, and receiving into special localities through these channels these actions from the opposite halves of the body, in the vast reaches of their convolutions they consciously adjust their emitted actions to these and formerly received acts (registered by functional metamorphosis). The results of the adjustment, which may have been an immediate or a most deliberate and complex procedure, are emitted from special localities ("motor tracts") along the outgoing fibers back to the opposite sides, and are exhibited in all the acts that constitute what is known as the conduct, the behavior, the speech, the deportment, the actions, the motions, of the individual. Immense stretches of fibers in the "white matter" of the hemispheres connect the convolutions of adjusting "gray matter" with each other, and also, through the commissures and the corpus callosum, tracts of white fibers connect the hemispheres with each other, so that afferent incoming currents poured into the cortices in special localities produce receptive acts of the grade of sensations, and these (sensations) receptive acts at once become, through the multiplied connections, the property of all the consciously acting adjusting centers, according to the rules and channels of adjustment; also through the commissural connections the adjusting and emissive acts of the two hemispheres are adjusted to each other.

In thus holding attention upon the functions of the high cortices it will not do for us to lose sight of the direct connection and relation of their acts to the centers below. There is probably no line of demarcation where in the ascending scale receptive acts reach the grade of sensations, and no doubt disturbing, ascending, afferent action which lower centers are incapable of adjusting does go higher and may reach the grade of painful sensations; and, also, no doubt a great deal of frequently adjusted, repeatedly adjusted, action in the cortices under the rank of sensations, by repetition, in time becomes the work of lower centers. Such, indeed, seems to be the order of work of the cerebellum. It seems to fill the rank of the automaton. The immense amount of automatic works seems to require

as much structural space as the cerebellum occupies. Intermediate in position, and largely connected with the incoming and outgoing currents of this portion of the nervous system, its province, by position and by experiment, seems to hold this grade. It adjusts the automatic work of the body.

In the channel of the ascending afferent connections lie the optic thalami, and, because of their adjusting action in the receptive line, they have had, of late, perceptive functions assigned them; but this grade of action is no doubt higher. They do, though, adjust the ascending actions—it may be toward the cerebellum or toward the sensating cerebrum. On the descending side also the corpora striata seem to hold similar adjusting functions, adjusting to greater or less extent the emitted currents.

Viewed as a whole the nervous system is a complete entirety. Its multiplied connections hold in united harmony all of the normal actions of the body, not only the actions of the various grades of centers, but the various functions of the different parts. The centers equilibrate within the system the internal relations, and they equilibrate without the external relations.

My object in this paper is accomplished if I have made any more plain the graded entirety of the nervous system and the general features of receptive, adjusting, and emissive actions common to all centers.

IN the eczema of the scalp in children, Dr. Lassar recommends, after cleaning the surface

R	Acid. salicylic	1 g
	Tinct. benzoini	2 g
	Ung. petrolei	50 g

M

to be employed two or three times a day.

In eczema of the non-hairy portions he employs

R	Acid. salicylic	2 g
	Ung. petrolei	50 g
	Zinci oxidi,	
	Amyli	aa 25 g

M

This paste is absolutely unirritating, and, besides, has the advantage that it does not retain the exudation upon the skin, but allows it to escape.—*Centralblatt für Chirurgie*, No. 28.

DR. F. G. OEHME furnishes the following therapeutic indications for bronchial affections, to the *New York Medical Times*:—

1. *Aconitum*.—High fever, with a strong, full pulse, chilly, with hot, dry skin, great thirst; short, dry, hollow, hoarse cough, after taking cold. Only in the commencement of the disease.

2. *Arsenicum*.—Cough in paroxysm of more or less violence, but of long duration, especially nights. Worse when lying, from drinking cold water, from cold air. The cough is rather dry, exhausting, and only toward the end of the spell a little phlegm is expectorated. Tickling in the trachea and under the sternum. Restlessness, uneasiness, anxiety. Not much fever or inflammation.

3. *Belladonna*.—Dry, hoarse, barking, convulsive, spasmodic cough, often in short but violent attacks, worse in the evening and nights, especially with females and children. Tickling in the trachea or bronchi, as if dust had been inhaled. Sensation of constriction in the throat. Difficult swallowing. Rush of blood to the head. Inflammation, fever.

4. *Bryonia*.—Hoarseness. Annoying, mostly dry, spasmodic cough, or with expectoration of a little tough, at times blood-streaked, mucus, especially morning or evening, or after eating, occasionally causing by its violence retching or vomiting, or a sensation in the head, as if it would burst; tickling in the throat or chest. Difficult breathing. Stinging pain in the throat and chest and pressing pain in the head. Chief remedy in bronchitis capillaris acuta.

5. *Hepar*.—Loose cough with rattling; hoarseness, scraping sensation, and soreness in the throat; aphonia. Also infrequent dry, teasing, spasmodic, barking cough with tickling in the throat, very tough, yellowish expectoration and whistling over the whole chest. Deep inspiration produces cough. Pressure and heaviness under the sternum. Occasionally choking. In croup, in loose sounding cough, with no expectoration, or with expectoration of tough mucus. Choking and retching, on account of the accumulation of phlegm, which, however, is not thrown out. Extreme oppression of breathing and wheezing.

6. *Ipecacuanha*.—Dry cough or loose sounding cough, with coarse rattling in the lungs, but the phlegm does not come up easily. The cough is spasmodic, convulsive, chok-

ing, exhausting, causing dark red or livid color of the face, nausea, retching or vomiting. Shortness of breath or difficult breathing, better after copious expectoration. Tickling in the larynx. Not much fever or inflammation.

7. *Mercurius*.—Rawness, burning, and soreness of the throat, trachea, and underneath the sternum. Hoarseness. Dry, hoarse, exhausting, shaking cough with tough, phlegmy expectoration, worse nights. Fever, chilliness and heat alternating, with great sensitiveness toward slight changes of temperature; perspiration without relief; great thirst for cold water, which, however, aggravates the cough. Great weakness, restless nights. Some have found mercurius beneficial, when copious, mucous, foamy secretion fills the ramifications of the bronchi and causes cough.

8. *Nux Vomica*.—The affection generally not very violent; fever absent or only moderate; the secretion of mucus either diminished or entirely suppressed, therefore the somewhat hoarse cough mostly dry, with very little expectoration or none at all. Auscultation detects only moderate deviation from the normal sounds on account of mucous secretion. The cough or spells of coughing are provoked by the slightest causes; they are very troublesome, and their violence stands in no proportion to the irritated or inflamed condition of the mucous membrane. The spells are sometimes long-lasting, and set in motion often not only all the muscles of the chest, but also of the abdomen, producing retching or even vomiting, and rush of blood to the head. Worse in the morning, frequently waking the patient, also in the evening. The catarrh extends often to the nose, which is obstructed and dry. Sensation of rawness and scraping in the throat and tickling in the larynx. Pain in the forehead.

9. *Phosphorus*.—Some writers do not consider phosphorus a remedy for bronchitis acuta, unless complicated with other diseases of the lungs.

Irritation to cough in the middle of the sternum. Cough caused by deep inspiration; worse from speaking, laughing, eating. Violent attacks of coughing caused by inhalation of cold air or during the morning hours. Short, hoarse, dry cough, not forcing the patient to sit up; or cough with foamy, sticky, tough, gluey, pus-like, saltish or sweetish, bloody expectoration. Hoarseness and aphonia. Sensation of a weight on the chest. Difficult breathing. Great weakness and prostration.

10. *Pulsatilla*.—The catarrhal inflammation is moderate; the mucous membrane is not bright red, but dark red, is much swollen and shows a varicose enlargement of the veins; the secretion of mucus is increased, and in coughing, much and mostly thin mucus is expectorated without exertion. These symptoms are of still more importance when a large extent of the mucous membrane is affected, and also the smaller bronchi are seized. Auscultation, therefore, detects finer or coarser rattling, but remains uniform. There is no fever, or a slight one, or of short duration, but a prevailing chilliness; pulse fast, but soft; frequently no thirst. Worse in the evening and at night.

Also in a dry, spasmodic cough at night, relieved by sitting up in bed, but returning on lying down again. Better toward morning. Cough after getting warm in bed.

In both kinds of cough we may find retching and vomiting. Cough taking away the breath or causing general heat. Continued tickling in the windpipe. Hoarseness or rawness in the throat. The expectoration has frequently a salty taste. Catarrhal affection of the nose, eyes or intestines, with much watery secretion. No appetite.

11. *Spongia*.—Dry, short, barking, hollow cough; nights worse and frequently in paroxysm; hoarseness, pain in the throat and chest; difficult, whistling, sawing respiration, occasionally rattling.

12. *Tartarus emeticus*.—Rattling cough; it sounds loose, but little is expectorated; cough, with vomiting of food after eating; cough worse after eating and at night. Much loud rattling in the trachea and bronchi, forcing the patient to sit up; less rattling after coughing and expectoration. Difficult breathing and pressure on the chest. Especially with children and old people. Bronchitis capillaris. Threatening paralysis of the lungs. The blood overcharged with carbonic acid, and, as a consequence, cyanosis, sopor, delirium, coma.

(To be Continued.)